FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	996	Secret DIVISION OF	ary of State CORPOR		ONS					
DOCUM	IENT # P9500	0089076 (0))							
1	NVESTMENTS, INC.						î k a a în a a î î î î î î î î î î î î î	1 4 8 1111 4 6 114	L ODIN BANAL IONE IÓN	II af iri arra 1 00 maa
Principal Place of Business Mailing Address										
2601 S. ORAN ORLANDO FL	NGE BLOSSOM TRAIL 32805	PO BOX 550403 ORLANDO FL 32825-0	1403							
							3. Date incorporated or C 11/20/1995	hualified	3a. Date of La	st Report
	W Amelia St.	2a. Mailing Address 26					4. FEI Number 59 - 3343	\$\$32		Applied For Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.					5. Certificate of Status De			.75 Additional ee Required
Gity & State [23] OA	· · · · · · · · · · · · · · · · · · ·	City & State					6. Election Campaign Fina Trust Fund Contribution	١		5.00 May Be dded to Fees
24 2p 3280	· · · · · · · · · · · · · · · · · · ·	7 p	30 Cou	ntry			This corporation has lia Florida Statutes	Yes	□No	
	9. Name and Address of Currer	t Registered Agent		81	Name		10. Name and Address of	of New R	egistered Ageni	
DUCHEN	IIN DAREDT A									
DUCHEMIN, ROBERT A 201 SOUTH ORANGE AVE.					Street /	Address	(P.O. Box Number is Not	Acceptab	l 0)	
SUITE 906									T	
ORLANDO FL 32801					City				 85	Žip Code
Taan edu ooka ko	the provisions of Sections 607.0502				<u> </u>			Al		•
or registerer	d agent, or both, in the State of Floric, and accept the obligations of, Sect	da. Such change was authoriz	ed by the o	corp	oration's	board o	of directors. I hereby accept	the appo	pose of changing pintment as regist	ared agent. I am
	grafure i typed or printed name of registered agent		TE: Registered	Ager	it signature r	required wh		70 055	DATE	
12.	OFFICERS AN	DIBIRECTORS DELETE	13.				ADDITIONS/CHANGES	TO OFFI	CERS AND DIRE	· · · · · · · · · · · · · · · · · · ·
NAME	RAINEY, DOUGLAS V	□ betere	1.2 N			80	8 w. Amelia	st-	ESE OILE	ige [] Hoomen
STREET ADDRESS	2601 S. ORANGE BLOSSON	I TRAIL	1.3 S	REET	ADDRESS	_	•			
CIY ST-ZP	ORLANDO FL 32805		1.4 CI	TY-S	ST - ZIP	Ox	Jando , Fl.	3280	>5	
Ti*LF	D	☐ DELÉTE	2 1 T				lango, Fl.		🔎 Cha	nge Addition
NAME	RAINEY, VERNON H		2 ? N			Kai	vez, acraic il			
STREET ACORESS CITY ST-ZIP	1020 DIAMOND BLVD. SOUTH LAKE TX 76092		1		FADDRESS ST-ZIP					
10(f	OOUTH DANK IN 10092	DELETE	3 1 7		51 - £1F	 		· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition
NAME		_	3.2 N	AMÉ					_	_
STREET ADDRESS			3.3 S	TREE	I ADDRESS					
CHY ST ZIP					ST-71P	ļ				
TILE		DELETE	4.1 T			ŀ			☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS			4.2 N		ADDRESS	ŀ				
CITY ST ZIF					ST-ZIP					
101.6		☐ DELETE	5 1 T) - t ii	 	.,,		☐ Cha	nge 🔲 Addition
NAMI			5 2 N	AME						
STREET ADDRESS			535	TREET	ADDRESS					
CITY ST ZIF		FT per ere			ST - ZIP	 	······································			
TILE		☐ DELETE	6 1 T						☐ Cha	nge 🔲 Addition
NAME			62 N	TIVIE		1				ļ.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ordin; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

Down PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Degree Proper

63 STREET ADDRESS